## **Property Access Authorization for Investigation of Disposal Site**

I hereby authorize California Integrated Waste Management Board (IWMB) staff, their designated contractors and representatives, and other affected State and local authorities access to:

## (Name of Site, Address, and Assessor Parcel Number)

The purpose for access is to conduct a site investigation to include the following tasks: **(brief description of tasks to be accomplished)** 

IWMB shall cause its contractor to name me as an additional insured by endorsement to its liability insurance policy, which includes indemnification and property damage provisions. This investigation is authorized by Public Resources Code (PRC) Sections 44100 and 45013, and 14 California Code of Regulations (CCR) Sections 18083-18084, which requires local enforcement agencies to investigate, inspect and enforce state minimum standards at closed, illegal and abandoned disposal sites.

This authorizatio	n shall begin on (Date)	and shall expire on
(Date)	, unless extended in writing	g. I have been advised that
since I am the pr	roperty owner, if based on the i	nvestigation the <u>(name and</u>
county of LEA)	determines that measures need	to be taken to bring the site
into compliance	with state minimum standards,	the local enforcement Agency
may consider me	e responsible for implementing s	such remediation measures at
the property. Ne	vertheless, I understand that sig	gning this authorization is not
an admission of	any liability or responsibility for	cleanup or other remediation
of the property.		
-	m the legal owner or authorized	_
the above prope	rty and have authority to grant	such access.
(Signature)	(Date)	
(Signature)	(Date)	,
(Typed or Printed	d Name)	